Opioid Use Disorder (OUD)- Pharmacist's Role

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Learning Objectives

- Understand the different roles of a pharmacist
- Evaluate ways pharmacists can positively impact the opioid epidemic
- Understand impact of Clinical Pharmacy Services in patient care

Different Roles of A Pharmacist

- Retail Setting (CVS, Walgreens, Independent Chains, etc.)
- Hospital Setting (Central Distribution, Clinical)
- Outpatient Clinical (CVRR, Psychiatry, Oncology, HIV/ID, etc.)
- Academia
- Research/Industry

Pharmacist's Role in OUD

- Collaborate with prescriber
- Assess for misuse potential
- Naloxone access
- Medication counseling
- Utilize SBIRT- Screening, Brief Intervention, Referral to Treatment
- Clinical pharmacy services

Opioid Use Disorders: Interventions for Community Pharmacists. (2019). Retrieved April 2, 2020, from https://cpnp.org/guideline/opioid

Collaborate with Prescriber

- Perform pill counts
- Review prescription drug monitoring program
- Enforce policy of no early refills
- Hold patient accountable to treatment agreement
- Stay in direct communication
  - Voice Concerns
  - Drug Interactions

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Misuse Potential- Red Flags

- Use of many pharmacies and doctors
- Obtain prescription from provider outside of their scope of practice
- Prescriptions with high dosages/quantities
- Pays in cash/will not use insurance coverage
- Demands certain brands of medication
- Requests early refills frequently
- Fills only controlled substance despite having other prescriptions

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Naloxone Access

- Considered for all patients exposed to opioids
  - Pain, misuse, risk of accidental exposure, family members
- Overdose risk factors:
  - Benzos and alcohol, opioid addiction/SUD, comorbid mental illness, recent incarceration, etc.
- Naloxone for home use can be intramuscular or intranasal

Naloxone Access: A Practical Guideline for Pharmacists. (2019). Retrieved April 2, 2020, from https://cpnp.org/guideline/naloxone

Naloxone Formulations

Type	Contents	Instructions	Image
Intranasal	Two 2 mg/2 ml nasal sprays	One spray into each nostril upon signs of opioid overdose. Call 911. May repeat x 1.	
Intramuscular	Two naloxone 0.4 mg/ml vials Two IM syringes	Inject 1 ml IM upon signs of opioid overdose. Call 911. May repeat x 1.	

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Naloxone Storage

- Store in an easily accessible place in the original package at room temperature
- Avoid light exposure
- The shelf life is typically 12 to 18 months
  - If stored correctly naloxone should be effective up until BUD date on packaging
- Do not insert naloxone into prefilled syringe until ready to use
  - Once inserted it expires within 2 weeks
- Monitor expiration and replace when expired
  - If no other alternatives exist at the time, administer expired naloxone

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Supporting Laws and Regulations

- Good Samaritan: protects individuals who call for help at the scene of an overdose from being arrested for drug possession
- Liability protection/third party administration: protects the prescriber, pharmacist, and the bystander who may be administering naloxone. It also allows bystander to be prescribed naloxone for use on opioid overdose victims.
- Collaborative Practice Agreement/Standing Order: allows pharmacists to dispense naloxone to at-risk individuals without a traditional prescription. Recent study found that states with this law saw significant decrease in opioid related mortality.

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Buprenorphine Considerations

- Ensure appropriate quantity available
- Assist with issues that could delay dispensing
  - Conversions, dosage formulations, manufacturer coupons, vouchers, and savings program
- Induction process requires frequent refills
  - Adherence checks
  - Wellness checks
  - Supervised dosing

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Counseling Points for Buprenorphine

- Sublingual tablet should be kept under tongue until completely dissolved
  - Buprenorphine is not well absorbed orally
  - Swallowing will result in reduction of dose/effect
- Buprenorphine/naloxone should not be initiated until patient is in mild withdrawal
- Risk of respiratory depression when used in combination (benzos, alcohol, etc.)

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Counseling Points for Naltrexone

- Wait at least 7 to 10 days after discontinuing opioids to prevent inducing opioid withdrawal
  - May need to wait 14 days with transition from methadone/buprenorphine
- Risk of overdose is increased during waiting period to initiate naltrexone as patient’s opioid tolerance may be reduced
- Risk of overdose if using opioids while taking naltrexone
- Wallet card for patient’s on naltrexone

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Wallet Card- Long-Acting Naltrexone

Important Information For Emergency Pain Management

I am currently taking VIVITROL® (naltrexone for extended-release injectable suspension), an opioid antagonist. Please see the back of this card for important information about pain management.

My Name: ______________________

Emergency contact name: ______________________

Emergency contact number: ______________________

My doctor: ______________________

My doctor's phone number: ______________________

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Call 1-888-235-8008

For Prescribing Information and Medication Guide, please visit vivitrolsafety.com

Vivitrol®
(naltrexone for extended-release injectable suspension)

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Call 1-888-235-8008

Date of last injection: __/__/__ __/__/__ __/__/__ __/__/__ __/__/__ __/__/__

- **The patient is taking VIVITROL, an opioid inhibitor.**
- Suggestions for pain management include regional analgesia or use of non-opioid analgesics.
- If opioid therapy is required, it should be administered by healthcare providers specifically trained in the use of anesthetic drugs and management of respiratory effects of potent opioids, specifically the establishment and maintenance of a patent airway and assisted ventilation.
- The patient should be monitored closely in a setting equipped and staffed for cardiopulmonary resuscitation.

To Medical Personnel Treating Me In An Emergency

Emergency Pain Management Card. Available at: https://www.vivitrol.com/content/pdfs/emergency-pain-management-card.pdf

SBIRT

- Screening, Brief Intervention, Referral to Treatment
- Pharmacist- highly accessible healthcare provider
  - Patient encounters 1.5-10 times more than PCP
  - Opportunity for intervention
- Resource list
  - Identification of buprenorphine prescribers
  - Local substance use treatment referral programs
  - Screening tools
  - PCP, self-help groups, employee assistance programs

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SBIRT- Helpful Resources

1. SAMHSA behaviors health treatment services locator (which includes substance use disorder treatment): National Helpline 1-800-662-HELP (4357), https://findtreatment.samhsa.gov/
2. SAMHSA buprenorphine treatment physician locator: http://www.samhsa.gov/medication-assisted-treatment/physician-program-data/treatment-physician-locator/
3. SAMHSA opioid treatment program directory: http://dpt2.samhsa.gov/treatment/directory.aspx
4. National Institute on Drug Abuse http://www.nida.nih.gov
5. Risk assessment tools http://www.opioidrisk.com/node/774
6. VIGIL helps pharmacists screen controlled substances https://www.pharmacist.com/vigil-helps-pharmacists-screen-controlled-substances
7. A pharmacist's corresponding responsibilities and red flags of diversion http://deachronicles.quarles.com/2013/08/a-pharmacists-obligation-corresponding-responsibility-and-red-flags-of-diversion/; http://www.deadiversion.usdoj.gov/pubs/brochures/pharmguide.htm
8. ER/LA opioid analgesics REMS: The extended-release and long-acting opioid analgesics risk evaluation and mitigation strategy http://www.er-la-opioidrems.com/IwgUI/rems/home.action

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Clinical Pharmacy Services

- Pilot Study- provide clinical pharmacy services in Adult Addictions Clinic at Eskenazi Health
  - Medication reconciliation
  - Patient and family education
  - New medication education to staff
  - Secure funding for medications
  - Drug information questions
  - Adherence Counseling
  - Collaborative practice agreement
    - Up-titration of medications
    - Co-morbid psychiatric medications

Business Plan

- Clinical Measures- validated tool that assigns dollar value to pharmacist interventions
  - 62 patient interventions made in 10 days- annualized cost savings ~$200,000
    - Inhaler causing thrush
    - Long acting inhaler prn instead maintenance
    - Patient drinking orange juice when blood sugars high- 2 DKA admissions in one year
    - Metabolic lab monitoring
- Minimize number of medication fees waived
  - Annualized ~$14,000
- Decrease medication errors
  - 1 error caught in 10 clinic days
  - Average med error-~$2,000 with annualized savings ~$57,000

Summary

- Pharmacists can play a large part in the Opioid Epidemic
  - Work as a physician extender
  - Assess/encourage patient adherence
  - Counsel on medications
  - Expand naloxone access
  - Screen, Intervene, and Refer to Treatment
  - Clinical Pharmacy Services in Adult Addiction Clinics

Pharmacy Case – Pharmacist Role in Care and Transitions of Care – Part 1

- 38 year old male admitted to the inpatient psychiatric unit after treatment in the emergency department for an unintentional opioid overdose of heroin/fentanyl
- The patient has been stabilized and is being treated for opioid withdrawal
- The inpatient psychiatric pharmacist interviews the patient and performs a medication review that uncovers past treatment for major depressive disorder and no past history of substance use disorder treatment although he was diagnosed with OUD 2 years ago and declined treatment
- Past medical and psychiatric history: major depressive disorder, opioid use disorder, history of 2 previous unintentional overdoses that required naloxone dosing by Good Samaritan and EMS with transport to ED; one previous suicide attempt via overdose (alcohol and sedatives)
- Past medications: fluoxetine 40 mg once daily (last filled in the pharmacy 6 months ago); prescribed by primary care physician, then lost to follow-up
- Interested in OUD treatment
- Pharmacist discussed interview with attending psychiatrist; social worker and therapist consulted to include peer recovery contact
- Consult for initiation of MAT; antidepressant therapy initiated
- The patient is started on buprenorphine with induction; pharmacist recommended initiation of sertraline instead of fluoxetine
- Patient is ready for discharge 7 days later; prescribed buprenorphine 16 mg/4 mg once daily, sertraline 100 mg once daily
- Why did the pharmacist recommend starting a different SSRI?
- What other roles do you think the pharmacist can play in the care of this patient?

Pharmacy Case – Pharmacist Role in Care and Transitions of Care – Part 2

- The patient is discharged from the inpatient psychiatry unit with a scheduled follow-up appointment in outpatient psychiatry/dual diagnosis clinic
- The inpatient psychiatric pharmacist provides a warm hand-off to the outpatient clinical psychiatric pharmacist and calls the community pharmacist at the patient's preferred pharmacy to verify receipt of prescriptions for buprenorphine and sertraline
- The outpatient psychiatric pharmacist is scheduled to see the patient prior to his initial psychiatrist appointment to provide a bridge to the psychiatry appointment, evaluate effectiveness of medication, side effects, adherence.
- What is a pharmacist medication therapy management collaborative practice agreement?
- What tasks can a clinical pharmacist in an outpatient treatment setting perform in patient care under collaborative practice?
- What if this interaction were taking place in a primary care setting with an ambulatory care clinical pharmacist who is not a specialist in mental health?

- The community pharmacist contacts the outpatient clinic with concerns about the frequency of refills for this patient. This pharmacist has sent refill reminders to the patient, but he is about one week late picking up refills for both buprenorphine and sertraline.
- What do you think the role of the community pharmacist is in SUD/mental health disorders care?
- How can community pharmacists become a part of the "treatment team" for these patients?
- How would you engage pharmacists in care if you don't already include pharmacy in your treatment team?